

EMR  
12/14/10

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PR	62814 13	11/14/10
O.I.P.E. CLASSIFIER			11/17
FORMALITY REVIEW	PR	SC-1531	12-01-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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